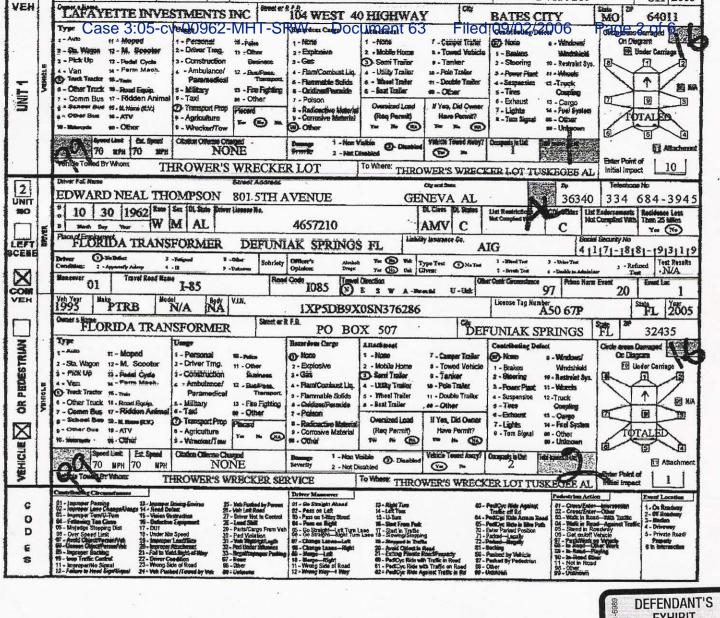
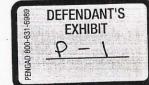
EXHIBT 1





SEATING		Messic Animat Motorized Vehicle ther Circumstance/ Applicable	AGE 3 COPES SAFETY EQUIPMENT] On-Time included SS. Rot Application Lap Belt Only The Factorial Lap Shoulder Harness 21-Lin Doublesed								
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U	DESCRIBE WHAT HAPPENED (Refer to vehicles by number) UNIT 1 WAS TRAVELING NORTHBOUND ON 1-85. INIT 1 LEFT THE LEFT SIDE OF THE ROADWAY, WENT DOWN AN EMBANKMENT, STRUCK A ROAD SIGN, STRUCK A										
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D	ELI	VERED TO THE STANDRIDGE COLOR CORPOR	ATION IN SOCIAL CIRCLE GEORGIA. NON	E OF	THE	MATE	RIAL	WAS	SPILL	EI	
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Case 3:05-cv-00966 Mana Wifo Doct man 63 Ccident Report

Truck/Bus Supplemental Sheet 38

Page 5 of 6.4.

General Instructions Complete this form for each qualifying vehicle ONLY if the accident meets BOTH of the following criteria: 1. The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and: 2. The accident resulted in at least one of the following: A. one or more fatalities B. one or more persons injured and taken from the scene for immediate medical attention, or C. one Or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave. Screening Information Number of Qualifying Vehicles: Number of Persons: Trucks with 6 or more tires or Haz/Mat placard $\frac{2}{}$ Sustaining fatal injuries 1 Buses designed to carry 16 or more (including driver) Transported for immediate medical treatment 2 Number of vehicles towed from scene due to damage or provided assistance $\frac{2}{2}$ Vehicle Information Gross Vehicle Weight Rating (GVWR) Hazardous Material Involvement A. Truck, tractor or bus 17000 Did vehicle have a Haz/Mat placard_ Yes X 55000 B. Trailer or trailers (total) If Yes, include following information from placard Total GVWR for unit (A+B) 72000 A. Name or 4-digit number from diamond or box NA B. The 1 -digit number from bottom of diamond NA Was hazardous material released from THIS vehicle's cargo? Total number of axies 5 Vehicle Configuration (circle one number) 1. Bus 2. Single unit truck (2 axles/ 6 or more tires) Single unit truck (3 or more axles) 4. Truck with trailer 5. Truck tractor only (bobtail) 6) Tractor with semi-trailer 7. Tractor with double trailers 8. Tractor with triple trailers 9. Unknown class heavy truck 0. Any other 4-fired vehicle Cargo Body Type (circle one number) 1. Bus 2. Van/enclosed box. 3. Cargo tank (4.) Flatbed 5. Dump 8. Concrete mixer 7. Auto transporter 8. Garbage/ refuse **Motor Carrier Information** NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section Carrier Name FLORIDA TRANSFORMER Source (circle one number) 2. Shipping papers (3) Driver 4. Other Carrier mailing address (Street or P.O. Box) PO BOX 507 City, State, Zip DEFUNIAK SPRINGS FLORIDA 32435 Carrier Identification Numbers None = 0) US DOT 160401 ICC MC STATE NO. / Sequence of Events Note: for THIS vehicle - list up to four Event #1 10 Event #2 Event #3 Non-Collision 1. Ran off road 2. Jackknife 3. Overturned (rollover) 4. Downhill runaway EVENT 5. Cargo loss or shift 6. Explosion or fire 7. Separation of units 8. Other non-collision CODES Collision With 9. Pedestrian 10. Non-parked vehicle 11. Parked vehicle 12. Train 13. Pedalcycle 14. Animal 15. Fixed object 16. Other object Officer i D Reporting Police Agency ORT Time Œ, 1109 3:25 ALAST4300

